HTE# 03-5-707 Harnett County Department of Public Health
PERMIT # <u>20243</u> Operation Permit 24488
Operation remit     Image: (owner)   Medice     Shorcerna   SUBDIVISION     V. H   LOT # 115
System Installer: Tormmy Colcer Registration #
Basement with plumbing: 🗆 Garage 🖉 Number of Bedrooms Type of Water Supply: 🗆 Community 🖾 Public 🔲 Well Distance from well feet
System Type: Convertional Types V and VI Systems expire in 5 years.
(In accordance with Table V a) Owner must contact Health Department 6 months prior to expiration for permit renewal.
This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization.
PERMI CONDITIONS:
I. Performance: System shall perform in accordance with Rule .1961. II. Monitoring: As required by Rule .1961.
III. Maintenance: As required by Rule .1961. Other:
Subsurface system operator required? Yes 🗆 No 🗀 If yes, see attached sheet for additional operation conditions, maintenance and reporting.
IV. Operation:
V. Other:
□D-Box □Pump □Alarm □H20Line □PWR Lir
Following are the specifications for the sewage disposal system on the above captioned property.
Type of system:   Conventional   Other   Conventional   Other   Conventional   Convention
Drainage Field ditches of each ditch feet ditches feet ditches inches
Authorized State Agent Emethod     Date 6-20-17